



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN CLERK'S OFFICE

14 APR 28 PM 3:47

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

1/1/14

Ending Date:

4/28/14
KATHLEEN J. DRACH
TOWN CLERK
DRACUT, MA

Type of Report: (Check one)

☐ 8th day preceding preliminary

☐ 8th day preceding election

☐ 30 day after election

☐ year-end report

☐ dissolution

Matthew J Sheehan

Candidate Full Name (if applicable)

Dracut School Committee

Office Sought and District

95 Tennis Plaza RD #25

Residential Address

Telephone Number (optional):

CTE Matthew Sheehan

Committee Name

Melinda Sheehan

Name of Committee Treasurer

95 Tennis Plaza RD #25

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

\$ 25.14

Line 2: Total receipts this period (page 2, line 11)

1725.00

Line 3: Subtotal (line 1 plus line 2)

1750.14

Line 4: Total expenditures this period (page 3, line 14)

1573.33

Line 5: Ending Balance (line 3 minus line 4)

\$ 176.81

Line 6: Total in-kind contributions this period (page 4)

0

Line 7: Total (all) outstanding liabilities (page 4)

0

Line 8: Name of bank(s) used:

Enterprise Bank

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Matthew J Sheehan

(Treasurer's signature)

Date:

4/28/14

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee

☐

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee

☐

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

[Signature]

(Candidate's signature)

Date:

4/28/14

Page 1 of 4

SCHEDULE A: RECEIPTS

Pg. 2 of 4

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/23	Mike Mike S DRACUT MA	100 ⁰⁰	
3/23	DRACUT MA Joseph Espinola	25 ⁰⁰	
3/23	Darlene Boag DRACUT MA	20 ⁰⁰	
3/23	Robert Cox DRACUT MA	50 ⁰⁰	
3/23	Waterwheel Restaurant Inc 1734 Lakeview Ave	200 ⁰⁰	OHara's Tavern
3/23	CTE Joe Dirocio DRACUT MA	50 ⁰⁰	
3/23	Meredith Flynn DRACUT MA	25 ⁰⁰	
3/23	Erick Ctschier Lowell MA	100 ⁰⁰	
3/23	Gail Ficherly	40.00	
3/9	Betsy Murphy DRACUT MA	50 ⁰⁰	
3/23	Mike McNamara DRACUT MA	50 ⁰⁰	
3/23	George Millawo S DRACUT MA	100 ⁰⁰	
Line 9: Total Receipts over \$50 (or listed above)		810 ⁰⁰	
Line 10: Total Receipts \$50 and under* (not listed above)		915 ⁰⁰	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1725 ⁰⁰	← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

Page 3 of 4

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

[illegible]

11/11/2011

11/11/2016

1573³³

Page 3

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Pg. 4 of 4

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.			Line 15: In-Kind Contributions over \$50 (or listed above)	
Enter on page 1, line 6 →			Line 16: In-Kind Contributions \$50 & under (not listed above)	
			Line 17: TOTAL IN-KIND CONTRIBUTIONS	

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	